**RANKIN COUNTY, MISSISSIPPI**

**SOLID WASTE DEPARTMENT**

**P.O. BOX 1898**

**BRANDON, MS 39043**

**APPLICATION FOR RATE REDUCTION IN SOLID WASTE DISPOSAL**

|  |  |
| --- | --- |
| Account Number: |  |

|  |  |  |
| --- | --- | --- |
| I,  |  | being an applicant for a reduction |
| in rate from the fee charged for garbage and trash collection, do hereby offer proof of eligibility. The additional exemption sought is due to: |

[ ]  65 Years of Age and over (Copy of Driver License **REQUIRED**)

OR

[ ]  100% Disability (Copy of letter from Social Security stating 100% disabled **REQUIRED**)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature of Applicant: |  |

**APPLICANT IS TO FILL OUT THE TOP PORTION ONLY OF THIS FORM.**

**\*\*THIS PORTION IS FOR USE BY RANKIN COUNTY SOLID WASTE ONLY\*\***

**ACKNOWLEDGEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sworn to and signed this |  | day of  |  | 20 |  |

 RANKIN COUNTY SOLID WASTE

|  |  |
| --- | --- |
| By: |  |

**CERTIFICATE**

I certify that the above named applicant has shown proof that he or she is entitled to the exemption.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Solid Waste Clerk |